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ABSTRACT

With the passage of the Drug-Free Schools and Communities Act in 1986 a regional technical assistance center program was expanded to train school teams, assist state educational agencies, assist local educational agencies and institutions of higher education, and evaluate and disseminate information on effective drug and alcohol abuse education and prevention programs. An evaluation system by Western Regional Center staff was developed to track the progress of "school teams" who were charged with developing and implementing action plans in their schools. The system consisted of three major components: a training evaluation component designed to assess the effectiveness of the Western Center's training and the progress made by local teams as a result of it; a mailed survey and profiling system designed to take an annual region-wide look at the progress of local programs; and a computerized, relational database used to manage information on Center clients, their programs, the Center's technical assistance efforts with them and supplementary resources the Center can make available to them. (The appendix includes the district and school profile forms.) (ABL)

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EVALUATING TECHNICAL ASSISTANCE TO DRUG-FREE SCHOOLS
PROGRAMS: THREE COMPLEMENTARY APPROACHES

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Paper presented at the annual meeting of the American
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March 27-31, 1989.

With the passage of the Drug-Free Schools and Communities Act in 1986, a regional technical assistance center program was expanded to fulfill four major responsibilities:

Train School Teams to assess the scope and nature of their drug abuse and alcohol abuse problems, mobilize the community to address such problems, design appropriate curricula, identify students at highest risk and refer them to appropriate treatment and institutionalize long term effective drug and alcohol abuse programs, including long range technical assistance, evaluation and follow-up on such training;

Assist State Educational Agencies in coordinating and strengthening drug abuse and alcohol abuse education and prevention programs;

Assist Local Education Agencies and Institutions of Higher Education in developing appropriate pre-service and in-service training programs for educational personnel; and

Evaluate and Disseminate information on effective drug abuse and alcohol abuse education and prevention programs and strategies.

Five such Centers were selected through a national competition. Their locations and constituent states are illustrated in Figure 1.

Insert Figure 1 about here

The Western Regional Center serves nine states and the Pacific entities. Since its inception in October, 1987, the Center has conducted over 500 workshops, consultations and presentations and served nearly 10,000 clients. Among these clients are approximately 900 "school teams", charged with developing and implementing an action plan in their schools to address the problem of drug and alcohol abuse. These teams typically include a building administrator, teachers, a counselor and a parent or community member. They generally number four to six people.

In this paper, the authors will describe the evaluation system we and other Western Center staff have developed to track the progress of these teams in the implementation and impact of their local programs. The system consists of three major components: a training evaluation component designed to assess the effectiveness of our training and the progress made by local teams as a result of it; and mailed survey and "profiling" system designed to take an annual region-wide look at the progress of local programs and a computerized, relational database used to manage information on our clients, their programs, our technical assistance efforts with them and supplementary resources we can make available to them.

Training Evaluation

The evaluation of the Center's training efforts serves both formative and summative purposes. It consists of the usual workshop evaluation form, administered to all participants at the conclusion of the training activity. It also includes a systematic follow-up telephone interview system to touch base with school teams and clients within a few months of our training contact with them.

The formative nature of the evaluation provides the Center with useful feedback on the utility and effectiveness of its training and materials. Center staff consistently use this feedback to refine workshop presentations, handouts, transparencies, etc. Through the follow-up system, there is also formative information provided as to the specific technical assistance needed by school teams to continue making progress in their action plans. This not only gives Center staff information on "next steps" with an ever-expanding cohort of clients, but, when aggregated across the sample of school teams, provides useful needs assessment information for the planning of Center technical assistance efforts (e.g., materials development, staffing needs) in the future.

Summatively, the training evaluation system provides the information needed by the Center to demonstrate its accomplishments through this large-scale training effort. There are many audiences for this information. The federal project office (U.S. Department of Education) has instituted a monthly, quarterly and annual reporting system all Centers participate in. In a program of this size, targeted on an issue of increasing concern to policy makers--drug and alcohol use among the nation's youth, there are increasing demands for updates, illustrations, and data on "what have you done for me lately" in relation to the Center's training efforts.

Serving both formative and summative purposes, the evaluation criteria are derived from an impact model shown in Figure 2. The model represents training impact as a continuum of six levels. It is derived from literature on evaluating training and technical assistance in the business community (Kirkpatrick, 1975), adult learning and continuing education (Trohanis, 1980) and school, district and state education agencies (Gabriel, 1988).

Insert Figure 2 here

Before describing the stages or levels of the continuum more fully, some background on the rationale for its development and use is offered. Often, workshop and training evaluation administered at the conclusion of the training activity. Many times, these consist of questions that attempt to get at participants' perceptions of the strengths and weaknesses of the workshop and a general rating of their satisfaction with the presentation and material. This is helpful for the formative purpose described earlier, but is fairly minimal for any summative sense of the effectiveness and impact of the training.

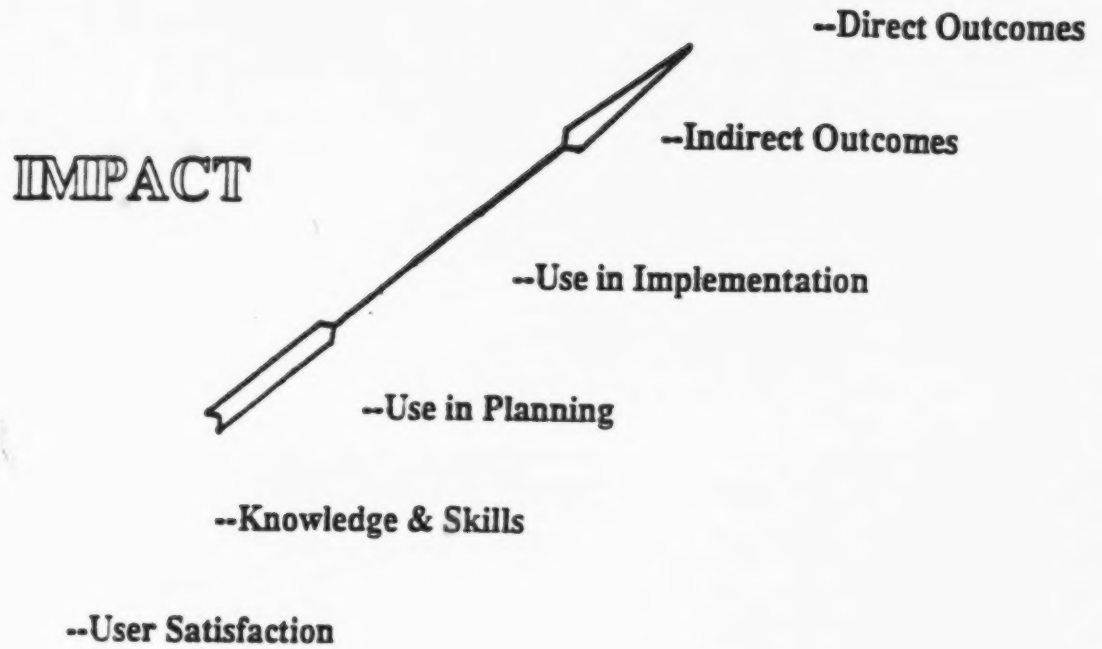
From an accountability standpoint, policy makers and decision makers want to know more about "what difference this makes" on behavior. In business, they want to know if the training has increased productivity, efficiency or enhanced the cost/benefit ratio. In education, they frequently want to know if kids' test scores are going up. In the case of the Western Center, the interest is in student use of drugs and alcohol. Is it declining?

The evaluation system we have developed views these two--workshop evaluation forms and surveys of student drug and alcohol use-- as extremes on a continuum of training impact. "User Satisfaction" is the most basic of training outcomes. It is important to demonstrate, but doesn't get you very far in satisfying the ultimate goals of the training effort. "Direct Outcomes, in this case on students, are of "bottom line" interest to decision makers, but are far removed from the context of the training provided.

Importantly, we view the notion of impact as consisting of several intermediate outcomes that can occur between these two extremes. The belief is that we can demonstrate impact beyond user satisfaction. The hope is that we can ultimately have some effect on the "bottom line": student use of drugs and alcohol.

FIGURE 2

A Continuum of IMPACT



One school has initiated the use of an opinion survey among all teachers in the school to get their perceptions of the existing problems in the school related to student drug and alcohol use (Use in Implementation);

Three schools have obtained additional financial support and approval to purchase supplementary prevention curriculum materials for use in the classroom (Indirect Outcomes--changes in resources allocated to the program);

Three school teams have gotten approval (i.e., support for substitute teachers, travel costs, etc.) to attend additional training sessions during the remainder of the school year (Indirect Outcomes--changes in resources);

One school team reports that in the past few months, there has been a decline in the number of substance use-related referrals in the school (Direct Outcomes--changes in student behavior)

These are not real data, but illustrative examples to give more meaning to the stages of impact on the continuum in Figure 2. Hopefully, more evidence of direct outcomes would come available over a longer period of time. The scenario above was only two months after initial training.

Mailed Survey and Profiling System

Just prior to or during a school team's initial training with the Center, they are asked to complete a questionnaire, entitle the "Team Profile" (see appendix A for a copy). The Profile obtains information about the team and school program in the following areas:

Background of School and Team - School and district name and address, contact person (team leader), roles and characteristics of team members.

Program Implementation - A rating by the school team leader of the school's level of implementation of several key components of the program (detailed below) and a list of commercially available or locally developed prevention, intervention and aftercare programs in use.

Needs Assessment - A ranking of priority needs for training and technical assistance.

Local Reports and Documents - Copies of school or district drug and alcohol-related policies, evaluation instruments used and reports written and the school team's action plan.

Information obtained from school and district teams at this point in time provides baseline data for follow up work by the Center and evaluations of progress in local program implementation over time.

Beyond this initial baseline administration, the Profile is sent to school teams already trained by the Center on an annual, follow-up basis. Internal checks are such that a school does not receive the Profile form more than once in the same school year. The Profile takes 10-15 minutes to complete, provided the respondent is the key representative of the school program (i.e., the school team leader).

The mailed Profile survey supplements the telephone follow-up system described in the previous section in several ways:

It is sent to all teams that have been trained, rather than just a sample.

It systematically asks needs assessment and implementation questions about all key components of the program, not just the ones emphasized in the recent training.

It obtains complete information on existing programs and materials in use in the schools the Center has trained.

A test of the value of this or any evaluation system is in the use to which the information is put. Information from the Profile is used by the Center, by the federal Department of Education and by state and local clients.

From the Profile, the Center provides clients with lists of schools and school contacts who are using particular programs and materials throughout their state. Thus, for example, a school program coordinator initiating implementation of the DARE program can look in this directory for names and telephone numbers of all other coordinators in the state (or other geographic region) who are using the same program.

The ranking of priority needs for training on the Profile assists the Center in planning its future development and service plans. These results are shared with state personnel in planning for technical assistance and with the federal Department of Education to keep them informed as to client needs in the region.

State and federal education agencies can obtain information on the status and progress of program implementation at the local level. These data are perhaps the most complex on the Profile, contributing to both a sense of the Center's progress in working with schools and a picture of "what's happening in the schools" for statewide evaluation and dissemination purposes. On the Profile, school teams rate their level of implementation of nine key components of a comprehensive program--components derived from the literature (Fox, Forbing & Anderson, 1988) and which form the structure of the Center's two-day workshop on "Planning a Comprehensive Program";

- Needs Assessment
- Formulating an Action Plan
- Policy Development
- Prevention Curriculum and Activities
- Intervention Procedures
- Aftercare Programs
- Evaluation
- Dissemination Activities
- Parent and Community Involvement

Each of the nine components is rated along a five point scale, corresponding to five levels of implementation adapted from the literature on state and local school improvement efforts (Odden & Anderson, 1986). The levels are:

None - Nothing is happening in the school with respect to this program component.

Initiation - The component is in the early planning stages. There is a perceived need for it and forces, led by at least one committed individual, are converging to begin to make it happen.

Early Implementation - The component is beginning to be implemented in the school. Teams of school staff and community members are being formed to lead the effort. Participating teachers have received and are receiving training in its implementation. A strategy for maintaining ongoing district-level support is being developed.

Complete Implementation - The program component is fully installed and operating in the school. Outcomes for students, teachers, administrators and the community are beginning to be seen, though not fully documented. Ongoing technical assistance is being provided to advance the new skills needed for program refinement and renewal.

Institutionalization - The component has become an integrated part of the full comprehensive program and a standard operating procedure in the school. Ongoing support is assured.

As noted earlier, the initial administration of the Profile gives the Center the baseline data on the level implementation of each of the nine components listed above. The annual follow-up then checks the same components using the implementation continuum of five levels. Comparing the two data points gives the Center, the states and any other interested audiences a sense of the general progress of the program in the building, component by component. An example is illustrative.

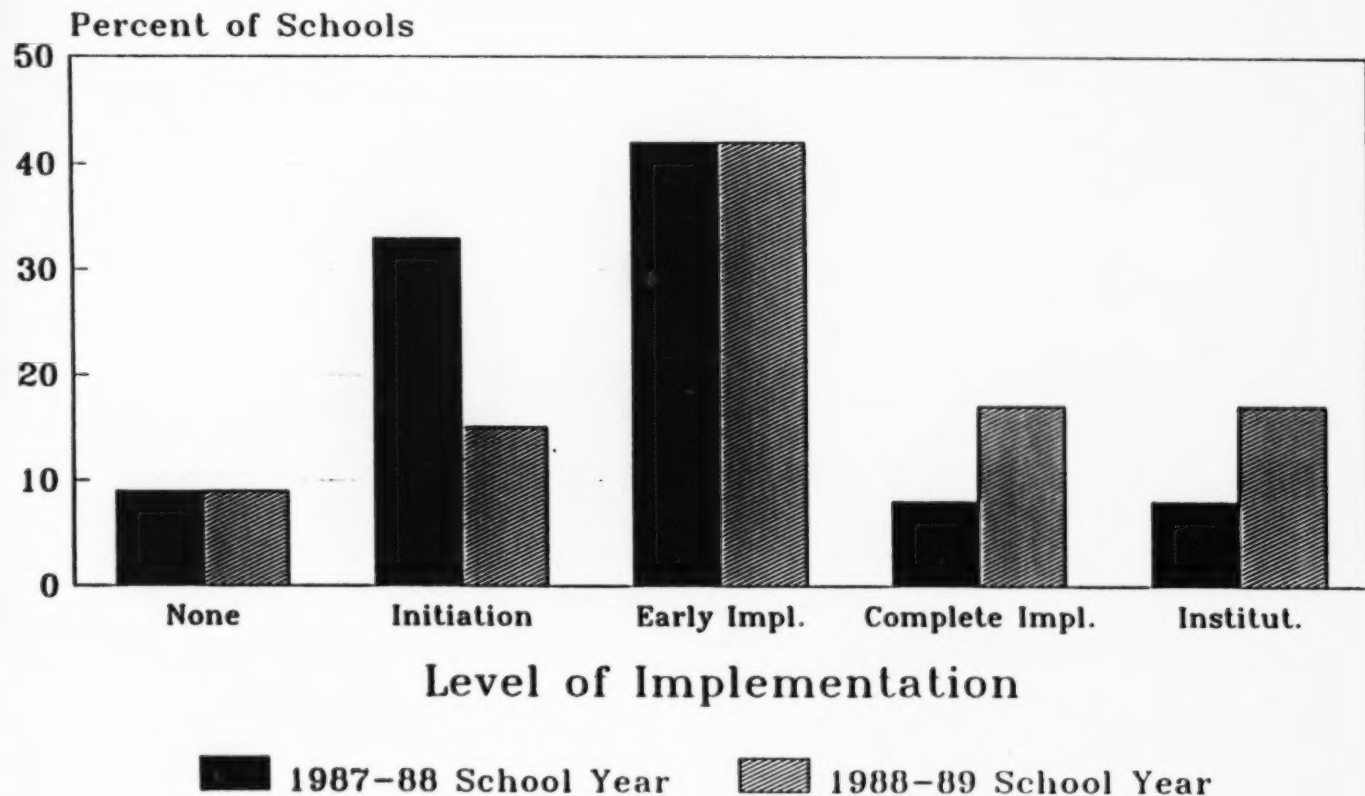
One state's results are presented in Figures 3 and 4. This is a state in which the Center has trained over 150 schools. Completed Profiles have been obtained from nearly 100 at each point in time. These data are not matched by school. That is, only a portion of the one hundred profiles or so available at each point in time have data at both points in time. That matching will be done, utilizing the database reporting facility described in the next section. At this point, however, the 1987 data and the 1988 data give snapshots of the implementation of programs at client schools at those two points in time. Progress for the client population as a whole can be generally inferred, although more precise analysis would be desired to determine the Center's precise role in the improvement.

Insert Figure 3 here

In Figure 3, the 1987 and 1988 levels of implementation of Prevention activities in the Center's client schools in the sample state are presented. Approximately 10% of the schools report no implementation of prevention activities in each year. Further analysis could determine whether these are the same schools. Less than half as many schools report being at an "Initiation" level of implementation in 1988 as compared to 1987. Virtually the same percent of schools (41%) indicate they are in the early stages of

FIGURE 3

School Prevention Activities Level of Implementation, 1987 and '88



Western Center Profile Data

implementation in both years, and this level of implementation characterizes the largest proportion of schools in each year. The latter stages of implementation, however, show the largest gains in implementation. Twice as many schools indicated they were at Complete Implementation (18%) or Institutionalization (18%) in 1988 as compared to 1987.

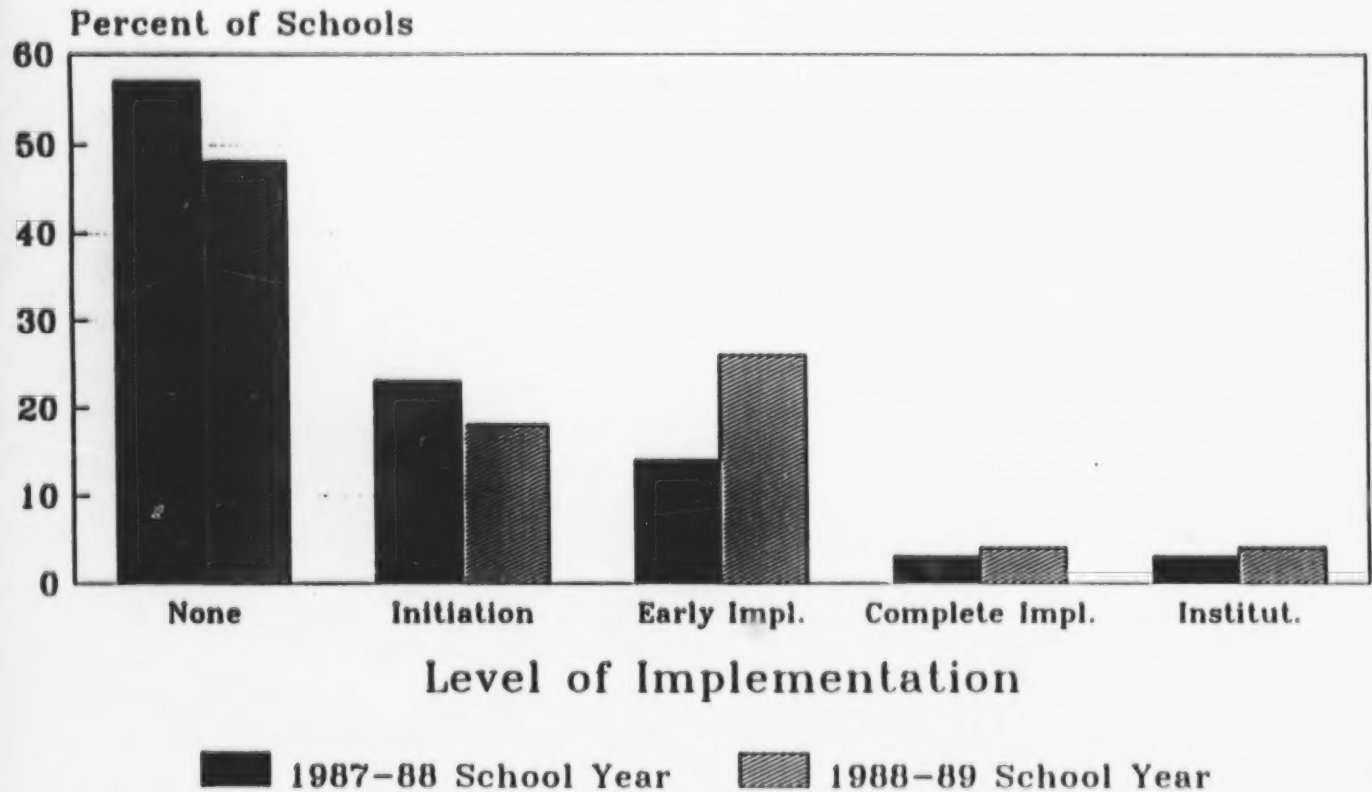
Insert Figure 4 here

In Figure 4, corresponding data for the Intervention component of local programs are displayed. The pattern of overall implementation is very different than that of Prevention--only about half of the schools are doing anything at all (i.e., report something other than "None") in each year. Still, within the half that are, gains are again visible. Slight declines in the percent of schools at the early stages of implementation (None and Initiation) are balanced by increases in the subsequent stages (Early and Complete Implementation and Institutionalization). The largest gain is at the Early Implementation stage. Twice as many schools are at this stage in 1988 as were in 1987 (27% vs. 13%).

These analyses can be replicated for the other components of the program--policy development, aftercare, etc. They can also be broken down more finely by school characteristics. For example, local school staff do not find the differing patterns of implementation of Prevention and Intervention programs in Figures 3 and 4 at all surprising. Their first reaction to these data was that a large proportion of the schools trained by the Center in this state are elementary schools. Elementary schools typically emphasize prevention strategies and often don't pursue programs and procedures for students identified as already having a problem with use (i.e., Intervention strategies). The database software used to manage these data can easily stratify these summaries by school type (elementary, middle and high school), school size, and a host of other descriptive characteristics contained in the database. It can also cross a school's needs assessment information with its level of implementation of various program components. Center staff find this useful, relating a school's current implementation status to its needs for the future.

FIGURE 4

School Intervention Activities Level of Implementation, 1987 and '88



A Relational Database for Client and Resource Information

The Western Center manages a wide array of information on its clients, training activities and available resources in the field through a complex, relational database. Sources for data-entry include the Team Profiles described in the previous section, training and correspondence logs submitted by Center staff and resource and publication lists obtained by the Center. While the design and management of the database is a complex undertaking, it provides a wealth of information, used by a variety of audiences, on Center activities and clients. Full documentation of the database is well beyond the scope of this paper, but an overview will be presented to clarify its purpose, component parts and uses.

In all, there are no fewer than eighteen files in the database, connected by relational linkages of their contents. The major files are:

Mailing List - The "heart" of the database. Individuals who have contacted the Center or have been trained by the Center are entered. The complete mailing address and a code number for each client are in the file. Presently, more than 6,000 individuals are included. All receive a copy of the quarterly Center newsletter.

District - Where clients in the mailing list are school or district personnel, their information can be linked to the contents of this file. Basic descriptive information, obtained from the Profile or other sources (e.g., Census, state directories)-- enrollment, number of schools and teachers, ethnic distribution, SES--is entered here for all districts serviced by the Center.

School - Information from the Team Profile (level of implementation, needs for training, descriptive characteristics, etc.), linked to the demographics in the District file. This is the file from which the analysis presented in Figures 3 and 4 was conducted.

Resources - Contains lists of all of the resources collected in the Western Center library. These include bibliographies by topic, directories, curriculum scope and sequences, curricula and prevention activities, audio-visuals, program descriptions, "how to" manuals and research articles. All entries are assigned a code number. Another file, linked to the Mailing List, keeps track of materials borrowed, by whom and when.

Training - The date, place, topic and number of attendees of each Center training activity (workshops, consultations, presentations, meetings) are recorded here. This information is used primarily to report to the U.S. Department of Education on Center activities. It is also linked to the School file to indicate precise occurrences of training for each school.

Managing the information in database form such as this makes responding to questions about Center activities and clients routine and easily replicable. To date, over 150 reports have been programmed into the database (the analyses shown earlier in Figures 3 and 4 are two examples). For example, it is easy to summarize any type of Center training activities by topic, state, time period, client type, etc. The quarterly summary in Table 1, recently completed for a Center Advisory Panel meeting is illustrative.

Table 1

Topics of Workshops, Consultations and Presentations
First Quarter: Oct. - Dec., 1988

<u>Topic</u>	<u>W'kshops</u>	<u>Consult's</u>	<u>Present's</u>	<u>Particip's</u>
Planning	19	28	5	1,318
Curriculum	6	5	2	457
SAP	4	0	2	287
Evaluation	3	8	0	139
Other	4	7	5	541
TOTAL	21	48	14	2,742

Lest you think that all reporting functions of the database are accountability-driven, the following is a list of queries that can be and have been handled easily through the database:

A list of all schools in the state using the Here's Looking at You 2000 curriculum;

A mailing list of all schools trained by the Center in a given state;

A list of all schools and districts trained who have submitted copies of evaluation reports or instruments to the Center;

A list of all schools in the region trained from districts with over 25,000 enrollment;

A list of dates and locations of all workshops on policy development conducted by the Center in its first year of operation;

A list of all documents from the Center library which have been out on loan more than one time;

A list of schools in large, urban districts across the region that have institutionalized their prevention activities;

A statistical comparison of the level of implementation of schools in the region that have been trained once, twice and three times by the Center over a specified period of time;

A list of instructional resources in prevention for grades K-3;

The number, topics and locations of workshop presentations by Center staff in the past year;

An updated address and telephone number for Betty Lincoln, superintendent of a local school district.

In summary, this paper has attempted to describe the multi-faceted evaluation activities underway in a large technical assistance center for school drug and alcohol programs. The system services many audiences and is databased.

References

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Appendix A

Western Center Team Profile

- District
- School

**Western Center for Drug-Free Schools and Communities
DISTRICT PROFILE**

Please complete this profile for your District. If you are a private school, complete the attached Team Profile only. The Team Profile needs to be completed for each Team (district or school) in a district since individual teams are often at varying levels of implementation of their Drug-Free Programs.

Your Area Service Coordinator can assist you in completing this profile (Pat Anderson (503) 275-9500 for Alaska, Idaho, Montana, Oregon, Washington, and Wyoming; Ralph Baker (415) 565-3000 for Northern California and Northern Nevada; Carol Thomas (213) 598-7661 for Southern California and Southern Nevada) and Harvey Lee, Pacific Liaison (808) 533-1748, for Hawaii and the Pacific Islands.

District Name: _____

Superintendent's Name: _____

District Address and Phone: _____
Street City, State, ZIP Telephone

District Drug and Alcohol Contact Person: _____

Title/Position: _____

Address (if different from above): _____
Street City, State, ZIP Telephone

1. How many persons from the following groups are represented on your district drug-free schools advisory committee?

Number from: Schools _____ Business _____
Parents _____ Criminal Justice _____
Students _____ Health & Human Services _____
Religious Organizations _____
Other (Please identify: _____) _____
NO ADVISORY COMMITTEE _____

2. Indicate which areas are covered by your districtwide policy (please attach your policy). Circle Yes or No:

a. Yes No Student drug and alcohol use
b. Yes No Prevention
c. Yes No Student assistance
d. Yes No Employee assistance

3. How many of the following are in your District (1988-1989 school year)?

Number of Students: _____
Number of Teachers: _____
Number of Buildings: _____
Elementary: _____ High Schools: _____
Middle/Jr. High: _____ Alternative Schools: _____
Number of Buildings with School Teams: _____ (Please ask each school team to complete attached profile)

Return this form and completed team profile(s) to:
Western Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204

Western Center for Drug-Free Schools and Communities
TEAM PROFILE

The following questions will help to describe the components of your drug and alcohol program. This Profile should be completed for each school or district team. If you have completed the "District Profile" then skip to question 1. Please complete as much information as possible.

School Name: _____

(Check one): Elementary: ___ Middle/Jr. High: ___ High School: ___ Alter. School: ___ District Team: ___

Number of Students: ___ Number of Teachers: ___

Contact Person: _____ Title/Position: _____

Address : _____
Street City, State, ZIP Telephone

1. How many persons from each of the following groups are represented on your school prevention planning team?

Number of:

____ Administrators
____ Teachers
____ Counselors/Nurses
____ Support Staff
____ Parents
____ Community members
____ Students
____ Others (identify: _____)

Optional:

____ American Indian/Alaskan ____ Female
____ Asian American ____ Male
____ Black
____ Hispanic
____ Pacific Islander
____ White, not Hispanic
____ Other

2. Do you conduct an ongoing NEEDS ASSESSMENT for your substance abuse program? Choose the stage which BEST describes the level your program is implemented:

- a. No.
- b. There is INITIAL planning for needs assessment activity but no implementation yet.
- c. The School Team is TRAINED in needs assessment and some implementation is begun.
- d. Needs assessment is COMPLETELY in place.
- e. Needs assessment has been INSTITUTIONALIZED (complete district support and resources for a continuing long term effort).

3. Does your School Team have a comprehensive ACTION PLAN in place? Choose the stage which BEST describes the level your program is implemented:

- a. No.
- b. There is INITIAL discussion but no implementation yet.
- c. The School Team is TRAINED in planning (writing goals, objectives and activities) and implementation is begun.
- d. An action plan is COMPLETELY in place.
- e. An action plan has been INSTITUTIONALIZED (complete district support and resources for a continuing long term effort).

4. Does your school have POLICIES AND PROCEDURES which handle use, possession, and sale of illegal substances? Choose the stage which BEST describes the level your program is implemented:

- a. No.
- b. There is an INITIAL policy and procedures but no implementation yet.
- c. The School Team is TRAINED in policies and procedures and some implementation is begun.
- d. Policies and procedures are COMPLETELY in place.
- e. Policies and procedures have been INSTITUTIONALIZED (complete district support and resources for a continuing long term effort).

5. Does your program have a PREVENTION component (e.g., a curriculum or program which stresses DONT START abusing drugs and alcohol)? Choose the stage which BEST describes the level your program is implemented:
- No.
 - There is INITIAL community/school support but no implementation yet.
 - Teachers are TRAINED in the prevention curriculum and some implementation is begun.
 - The prevention component for grades K-8 is COMPLETELY in place.
 - The prevention component has been INSTITUTIONALIZED (complete district support and resources for a continuing long term effort).

6. Please give the following information for each prevention curriculum/activity currently in use:

<u>Name of Curriculum/Activity</u>	<u>Developed Locally?</u>	<u>Grades Used</u>	<u>Year Implementation Began (e.g., 1986)</u>
a.	Y N		
b.	Y N		
c.	Y N		
d.	Y N		
e.	Y N		

7. Does your program have an INTERVENTION component (e.g., Core or Intervention Team or a program which stresses STOP NOW)? Choose the stage which BEST describes the level your program is implemented:
- No.
 - There is INITIAL community/school support but no implementation yet.
 - Teachers/Administrators/Students are TRAINED in intervention and some implementation is begun.
 - The intervention component for grades 7 - 12 is COMPLETELY in place.
 - Intervention component has been INSTITUTIONALIZED (complete district support and resources for a continuing long term effort).

8. Please give the following information for each of the INTERVENTION programs currently in use:

<u>Program/Model Name or Description</u>	<u>Grades Used</u>	<u>Approx. Number of Students Referred</u>	<u>Year Implemented</u>
a.			
b.			

9. Does your program have an **AFTERCARE** component (e.g., a program for students who return to school after completing a treatment program)? Choose the stage which **BEST** describes the level your program is implemented:
- No.
 - There is **INITIAL** community/school support but no implementation yet.
 - Teachers/Administrators/Students are **TRAINED** in aftercare and some implementation is begun.
 - The aftercare component for grades 7 - 12 is **COMPLETELY** in place.
 - Aftercare component has been **INSTITUTIONALIZED** (complete district support and resources for a continuing long term effort).
10. Please give the following information for each of the **AFTERCARE** programs currently in use:

<u>Program/Model Name or Description</u>	<u>Grades Used</u>	<u>Approx. Number of Students Referred</u>	<u>Year Implemented</u>
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a.

b.

11. Does your program have an **EVALUATION** component built into the planning model? (Please attach the final report) Choose the stage which **BEST** describes the level your program is implemented:
- No.
 - There is **INITIAL** evaluation activity but no implementation yet.
 - The School Team is **TRAINED** in Evaluation and some implementation is begun.
 - Evaluation is **COMPLETELY** in place.
 - Evaluation has been **INSTITUTIONALIZED** (complete district support and resources for a continuing long term effort).
12. Does your program have a **DISSEMINATION** component? Choose the stage which **BEST** describes the level your program is implemented:
- No.
 - There is **INITIAL** dissemination activity but no implementation yet.
 - The School Team is **TRAINED** in dissemination and some implementation is begun.
 - Dissemination is **COMPLETELY** in place (parents, community and other schools are regularly aware of our program activities).
 - Dissemination has been **INSTITUTIONALIZED** (complete district support and resources for a continuing long term effort).
13. Does your program have a **PARENT/COMMUNITY INVOLVEMENT** component? Choose the stage which **BEST** describes the level your program is implemented:
- No.
 - There is **INITIAL** parent/community involvement activity but no implementation yet.
 - The School Team is **TRAINED** in involving parents and community in their program and some implementation is begun.
 - Parent/community involvement is **COMPLETELY** in place (parents and community are an integral part of our program).
 - Parent/community involvement has been **INSTITUTIONALIZED** (complete district support and resources for a continuing long term effort).

14. Please rank (1, 2, 3 . . .) your needs for training and technical assistance in the following areas:
(1 = Highest Priority, 14 = Lowest Priority)

_____ Awareness of drug and alcohol problem in the schools
_____ Developing policies and procedures
_____ Team building
_____ Parent/community involvement
_____ Needs Assessment
_____ Planning a comprehensive program
_____ Designing/selecting a prevention curriculum
_____ Student identification, intervention, and referral
_____ Developing an aftercare program
_____ Evaluating a comprehensive program
_____ Dissemination strategies for getting the word out
_____ Utilization of community resources (funds, materials, etc.)
_____ Implementation of prepackaged curriculum or program (e.g., Quest, Here's Looking At You)
_____ Other (please specify: _____)

ATTACHMENTS

Please provide us with the following additional documentation (if available).

- a. Copy of your district policy.
- b. Copy of your student use survey or forms used in your needs assessment.
- c. Copy of your action plan.
- d. Copy of your program evaluation.

This form was completed by:

Name: _____ Date: _____

Position: _____

Thank you for your time in completing this profile. This information will be used to better serve your technical assistance needs. You will be receiving a directory of programs identified by you and others in this state.

Return this form to your District Drug and Alcohol Contact Person or
Western Center for Drug-Free Schools
Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204